(Revision 8-08)

State of Montana
Department of Public Health and Human Services
Quality Assurance Division – Licensure Bureau
Child Care Licensing

ACCIDENT / INJURY REPORT

***Accidents causing injury to a child which result in the child being hospitalized, requiring ambulance transport or intervention, or physician treatment must be reported to the appropriate local office of the department within 24 hours. ARM 37.95.183(5)**
***A notation of all injuries must be made in the child's medical record. ARM 37.95.183(6)**

Facility Name: _____ PV#: _____

Name of Injured Child: _____ Birth Date: _____

Date of Accident / Injury: _____ Time of Injury: _____

Location of Accident / Injury: _____

Describe incident: (what was the child doing at the time he/she was injured, condition of premises, what happened)

_____

_____

_____

_____

_____

_____

_____

Type of injury and body part injured: _____

_____

Staff person(s) responsible for supervision of injured child at time of injury: _____

_____

– SEE REVERSE SIDE –

Witnesses to the accident / injury:

Name: _____ Name: _____

Name: _____ Name: _____

What first aid action was taken? _____

_____

Date first aid provided: _____ Time first aid provided: _____

Name of staff person who administered first aid: _____

Where was the child taken after the accident? _____

How was the child transported? _____ Who transported the child? _____

What, if any, medical treatment was administered? _____

_____

Method of parent notification: _____

Date of parent notification: _____ Time of parent notification: _____

PARENT SIGNATURE **DATE**

STAFF / WITNESS SIGNATURE **DATE**

STAFF / WITNESS SIGNATURE **DATE**

STAFF / WITNESS SIGNATURE **DATE**

STAFF / WITNESS SIGNATURE **DATE**

DIRECTOR / STAFF SIGNATURE **DATE**